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ABSTRACT

Volume I of a three-volume guide to school-based and school-linked health centers, this document was written for advocates at the community level who are trying to nurture support for the creation of a school-based health clinic (SBHC). The volume was written with three objectives in mind: (1) to help the advocate learn about school-based and school-linked services and the need for these services in his/her community; (2) to help the advocate plan a strategy to persuade policymakers and community residents that a school-based health clinic is an appropriate intervention; and (3) to provide the advocate with the tools necessary to carry out an advocacy campaign. Chapter 1 presents some important facts on adolescent morbidity, the advantages of SBHCs, and the assessment of community needs. Chapter 2 focuses on developing an advocacy campaign. Chapter 3 discusses tools of advocacy, including using the media to educate the community, lobbying for political support, and holding public meetings. Chapter 4 considers how to deal with opponents by minimizing the controversy over reproductive health care and identifying other potential opponents. Relevant materials are appended. (Contains 14 references.) (NB)

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THE SUPPORT CENTER FOR SCHOOL-BASED AND SCHOOL-LINKED HEALTH CARE

A Guide to School-Based and School-Linked Health Centers

VOLUME I:

Advocating for A School-Based or School-Linked Health Center

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THE CENTER FOR POPULATION OPTIONS

WASHINGTON, DC 1993

The Center for Population Options (CPO)
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CPO is a nonprofit organization that works to increase the opportunities for and abilities of youth to make healthy decisions about sexuality. Since 1980, CPO has provided information, education and advocacy to youth-serving agencies and professionals, policymakers and the media.

Support Center for School-based and School-linked Health Care/CPO
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The Support Center/CPO provides information, technical assistance, training, policy analysis and advocacy to assist in establishing school-based and school-linked health centers (SBHCs) and in enhancing their operations.

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The Public Affairs Program/CPO assists policymakers and advocates by providing information, technical assistance and publications on: adolescent health issues, state and federal legislation, model programs, policy options and the impact of public policy decisions on adolescents. The department also provides assistance at all stages of the legislative process, including assistance with testimony and identification of expert witnesses.

The Center for Population Options, 1993©

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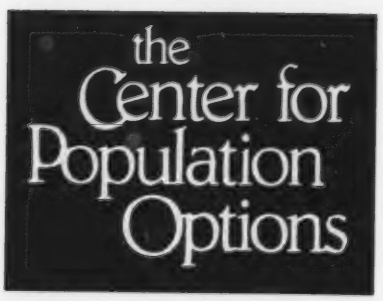
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INTRODUCTION

During the past 25 years, school-based and school-linked health centers (SBHCs) have emerged as effective models for improving adolescents' access to health care. When once there were only 15 centers across the country, today over 500 exist in 42 states, the District of Columbia, Puerto Rico and Guam.

National professional organizations such as the American Medical Association, the National Association of State Boards of Education and the National Parent Teachers Association support this method of health care delivery. Yet, increased national attention to SBHCs has spurred controversy in some communities. Opponents question the role of schools in providing health care. The SBHC advocate's mission is to convince policymakers and community residents to support the creation or expansion of a comprehensive SBHC.

"Advocating for a School-Based or School-Linked Health Center" is the first of three volumes that comprise *A Guide to School-Based and School-Linked Health Centers*. It is for advocates at the community level who are trying to nurture support for the creation of a SBHC. The volume was written with three objectives in mind: 1) to help the advocate learn about school-based and school-linked services and the need for these services in his/her community, 2) to help the advocate plan a strategy to persuade policymakers and community residents that a SBHC is an appropriate intervention and 3) to provide the advocate with the tools necessary to carry out an advocacy campaign.

Advocacy campaigns are best planned by a small group. Planning groups can use this document to assemble a broad-based community coalition to carry out the campaign. Provided are ideas for developing the coalition, for working with the media and for lobbying policymakers. Fact sheets on adolescent health, SBHC services, and sample policy statements have been included for replication and/or distribution.

Other volumes in this series include "Designing and Implementing School-Based or School-Linked Health Centers" and "A Guide to Potential Sources of Federal Support for School-based and School-linked Health Centers." Together, the documents direct advocates through the process of creating and maintaining a SBHC.

CHAPTER ONE: LEARNING THE FACTS

The school-based or school-linked health center advocate has three main tasks: 1) to learn the facts about his/her community and the school health center movement, 2) to persuade policymakers to support the creation of a SBHC and 3) to show community residents that a SBHC can help local teens access health care. This chapter addresses the first task — educating the advocate about the facts.

Introduction

School-based or school-linked health centers (SBHCs) are primary health care clinics located on or near school grounds.

The principle goal of these centers is to **improve young people's access to health services** by providing comprehensive, low cost, confidential mental and physical health care in a location convenient for youth.

Many communities have successfully developed SBHCs and, in so doing, have improved adolescents' access to health care services. Some have even reduced rates of teenage pregnancy or adolescent substance abuse.

SBHCs, however, can not ameliorate the myriad problems facing young people today. Contemporary morbidities are complex, interrelated and rooted in basic social and economic inequities. Most communities require multiple programs to address these issues. Moreover, SBHCs are not an appropriate intervention for every community. Areas where rates of adolescent morbidity and mortality are high and where the population is medically underserved will benefit most from a SBHC.

The SBHC advocate should learn all that he/she can about the advantages and disadvantages of implementing a SBHC. As importantly, he/she should investigate community needs to determine if a SBHC is an appropriate intervention for the school in question.

Rising Rates of Adolescent Morbidity

Rising rates of homicide, suicide, injury, drug use, early and unprotected sexual intercourse, pregnancy and sexually transmitted diseases indicate an adolescent population in need of health care. Teens are the only group in the United States whose health status has not improved over the past 30 years. Nearly 20 million children under 18 years of age suffer from one or more chronic illness.(1) Over 1 million teens become pregnant and 470,000 give birth each year.(2) Approximately 2.5 million teenagers had a sexually transmitted disease in 1988.(3) And as of September 1992, 10,182 young people ages 13 to 24 were diagnosed with AIDS — now the sixth-leading cause of death for this age group.

The mental health needs of young people are also well documented. A 1990 Gallup poll indicated that 6 percent of the 1,152 young people surveyed had

attempted suicide, 15 percent reported "coming close to trying" and 60 percent knew a teenager who had taken his/her own life.(4) A 1990 white paper issued by the AMA reported that 16 percent of male youth and 19 percent of female youth suffer from depression.(5) A similar survey found that 31 percent of the teens who drink do so alone; while another 41 percent drink when they are upset. (6) Of particular national concern is the rising rate of homicide and violence among youth today. Homicide is the leading cause of death for minority teens 15 to 19 years of age.(7) In 1987 alone, 1 in 16 (or 1,728,120) teens were victims of violent crimes.(8) At an inner city clinic in Baltimore, 168 teens were asked about their experience with violence. Twenty-four percent had witnessed a murder and 72 percent knew somebody who had been shot.(9) In a study conducted on the south side of Chicago, 2 in 5 African-American children reported witnessing a shooting, and 1 in 4 had seen a murder.(10) The National Adolescent Student Health Survey estimates that 338,000 students nationwide carried a handgun to school at least once during 1987 and that a third of them did so every day.(11)

Increasing reports of incest, child abuse and neglect, street violence and family dysfunction reinforce the need for accessible mental and physical health screening and treatment for young people.

Traditional Health Care: Inaccessible to Teens

Perhaps the most compelling fact highlighting the need for SBHCs is that many adolescents have no access to traditional sources of medical care. Seven million children do not receive routine health services.(12) In 1990, an estimated 12.2 million children and youth under 21 had no health care coverage.(13) Moreover, almost one-third of Hispanic children and nearly half of all African-American children were not covered by private or public health insurance.(14)

Beyond the issues of insurance, adolescents report they are reluctant to obtain medical or mental health attention for potentially embarrassing or personal health needs. Doctor's offices and community clinics are often open primarily during school hours; many are inaccessible by public transportation. Moreover, teens are confused by parental consent requirements and the nation's fragmented system of service delivery.

Advantages of School-Based and School-Linked Health Centers

Providing health services in schools is not a new idea. Medicine and education crossed paths in the late 19th century. As technology in public health improved, schools instituted programs to screen children for communicable diseases. By 1900, more than 300 city school systems required a medical examination before a student could be admitted to school. The Medical Inspection Law of 1913 authorized schools to hire nurses. Over the next 50 years, school health services evolved into health education, screening and referral.

The first school-based health center opened in 1970 in the Pinkston High School in West Dallas. It was designed to keep students from missing school excessively due to their medical and psychosocial concerns. Today, there are approximately 500 SBHCs in operation throughout the United States, with many more planned.

SBHCs are Accessible and Well Used

SBHCs bring services to children. They reduce obstacles of transportation, scheduling and cost, eliminating crucial barriers to care. Programs report that from 50 to 90 percent of the students eligible use their services. It is significant that over 45 percent of health center users are male = a group traditionally difficult to reach during adolescence. The ethnic/racial composition of users is in proportion to each school's enrollment. Nationally, 44 percent are African-American, 28 percent are white, 23 percent are Hispanic and 2 percent are Asian.(15) 1990 statistics show that over 51 percent of the students enrolled in school health centers have no other sources of medical care.(16)

SBHCs Are Comprehensive

SBHCs have a better chance at addressing the social morbidities of the-1990s than does the traditional health care system. Traditional health care is fragmented. Dental, mental health and primary health care are usually available from different providers. Separate facilities often screen and treat sexually transmitted diseases, treat substance abuse and offer family planning services for low-income adolescents and adults. Often patients must visit various clinics to get all of their needs met. Many youth, as well as some adults, fail to seek medical care because they cannot determine where their problem fits into the system of specialized health care providers.

SBHCs offer comprehensive services. Although individual centers may vary in the mix of services they provide, most offer "one-stop shopping" mental and physical health screening and treatment. Integrating social and medical services within a SBHC acknowledges the complex causes of many problems adolescents face. In addition, combining medical care, counseling and health education reinforces important health issues and emphasizes prevention, early intervention and health promotion. (**Appendix I** lists the percentage of centers offering each of a number of health and educational services.)

SBHCs Improve Compliance

Compliance is a major concern for all health care providers and is a special problem when patients are children and adolescents. SBHCs' proximity to their target population facilitates follow-up and improves compliance. Students tend to visit more often and seek care earlier when barriers to transportation, scheduling and cost are reduced.

SBHCs Enjoy Community Support

SBHCs develop in communities that identify unmet health care needs among their pre-teens or teens. An advisory group of school officials, local health care providers, health department representatives, parents, representatives of youth-serving agencies and others establishes policy for the program, assists in community outreach and may raise funds. Because SBHCs evolve in response to local needs, each program reflects community standards.

SBHCs Can Help Address the Problem of Early, Unprotected Sexual Intercourse

Reproductive health care is an essential part of the school-based health center program. The United States has the highest rates of teenage pregnancy, birth and abortion among the industrialized nations. Each year nearly one million teens become pregnant. Eight out of ten of these pregnancies are unintended. Nearly half result in birth. The serious negative consequences of teen pregnancy are well documented.

In addition to the problems associated with teen pregnancy, the dangers of sexually transmitted diseases are increasing. One in six adolescents will contract a sexually transmitted disease this year alone. Over 10,000 young people have been diagnosed with AIDS — now the sixth-leading cause of death for teenagers.

SBHC staff recognize that true prevention requires reaching young people, before they become sexually active, and encouraging the delay of sexual activity through abstinence. For sexually active teens, staff emphasize students' responsibility in their sexual activity and link the idea of family planning with life planning decisions. SBHCs may refer for, counsel on, prescribe and/or make contraceptives available, depending on local standards. The more comprehensive family planning services are at the school site, the more likely it is that there will be an impact on teen pregnancy and sexually transmitted disease rates.

There is no evidence that a SBHC or access to family planning services increases the level of sexual activity among students. In fact, some studies have found that students in schools with a SBHC delay first intercourse longer than their peers enrolled in schools without SBHCs. In addition, those sexually active students enrolled in SBHCs are more likely to have used contraception at last intercourse. (17,18)

SBHCs Provide Mental and Emotional Health Care

Rising rates of domestic violence, teen suicide, homicide, substance abuse, incest and child abuse and neglect create an insatiable need in some communities for mental health services.

Pre-teens and teens do not traditionally seek these services. The perceived or real need for a parent to consent to, and to accompany a teen for, counseling and other mental health services often creates barriers to accessing the system. For teens with no transportation or insurance, mental health services are not traditionally available.

Most SBHCs find that the mental health services they provide are greatly needed and widely used. Intervention for substance abuse, disclosure of incestual relationships and treatment for depression occur daily at many SBHCs.

SBHCs Involve Parents

SBHCs maintain students' confidentiality, while encouraging them to involve adults in their lives. Staff keep parents informed of health center activities and regularly involve them in planning and advisory group meetings. In 1990, 93 percent of the SBHCs required parental consent for students to use the health

center services. Over half of the centers published parent newsletters or other materials, held open houses and sent information home. Many centers also provide family counseling.

SBHCs are Cost Effective

SBHCs finance their services in a variety of ways. Most are dependent on the in-kind contributions of schools, hospitals, health departments and other social service agencies. Often the school provides office space, utilities and supplies. Hospitals or public health departments may provide medical malpractice insurance by sponsoring the health center or lending staff time. They may also donate laboratory work, billing services and equipment. Using nurse practitioners, physicians' assistants or medical residents as the primary clinicians in SBHCs keeps the cost of services reasonable. Studies show a routine physical at a school health center costs approximately $11.25, compared to $45 in a private physician's office.(19) In general, SBHCs report their program costs to be between $150 and $250 per student, per year -- considerably less than the cost of annual medical insurance or two visits to the emergency room.

SBHCs Diagnose and Treat Adolescents' Health Needs Effectively

It is unequivocally clear that SBHCs improve adolescents' access to medical and emotional health services. The impact that has on their health depends upon the program components included in the SBHC design. SBHCs evolve to fit local needs and thus look different from site to site. To imply that the existence of a SBHC will automatically reduce teen pregnancy, substance abuse or suicide is incorrect. But many centers have targeted a health need, developed an intervention and aggressively marketed their services. By so doing, they have been able to show an impact on the health of the students they serve. The following is a partial list of accomplishments from health centers around the country.

- In New York City, students who used school-linked centers missed fewer school days than their classmates who did not use the centers.(20)
- In Kansas City, centers report the number of adolescents who use alcohol and drugs or smoke declined significantly since the program began two years earlier. Cigarette smoking by adolescent patients dropped from 13 percent to 5 percent.(21)
- In Dallas, the center detected previously undiagnosed health problems, including heart murmurs, in 30 percent of the patients who attended the center.
- A study in New York City found that 32 percent of the Pap smears taken during a four-month period were abnormal.
- In Kansas City, a student survey conducted two years after the center opened found 55 percent of health center users who were sexually active used some form of birth control compared to only 35 percent of those that did not use the center. A second study found center users were also much more likely to use birth control all of the time (28 percent) than were non users (20 percent).

- A study of the Baltimore SBHCs showed a 30-percent decline in pregnancy rates over a three year period, with a 58-percent increase in the pregnancy rates of the two control schools without health centers. There was also a seven month delay in initiation of sexual intercourse.(22)
- A study of six SBHCs, determined that students in schools with SBHCs were no more likely to report being sexually active than their peers in the comparison schools. In two sites, students initiated sexual intercourse at older ages than in comparison schools.(23)
- In the same study, two SBHCs reported less absenteeism due to illness. One SBHC was able to report a reduction in cigarette smoking by implementing psychosocial assessment and counseling interventions for teens. Alcohol consumption was significantly lower at three of four SBHCs studied.(24)

National Support for SBHCs

Many national professional organizations support the creation of school-based and school-linked health centers. Perhaps the most widely cited statements favorable to SBHCs come from *Code Blue* (1990), a document developed by the National Commission on the Role of School and the Community in Improving Adolescent Health. This group, joined in 1989 by the National Association of State Boards of Education and the American Medical Association, recommended that the nation take three complimentary actions:

1. Restructure public and private health insurance so that young people have access to services through a universal, basic benefits package;
2. Establish adolescent health centers in schools and other convenient locations; and
3. Expand public health services, school health services and other direct services for adolescents.

A study by the Congressional Office of Technology Assessment (OTA) also supported school-based services. In *Adolescent Health* (1991), the OTA reports that to "support the development of centers that provide comprehensive and accessible health and related services specifically for adolescents in schools and/or communities" Congress should:

1. Provide seed money to develop school-linked and other community-based centers that provide comprehensive health and related services for adolescents;
2. Provide federal continuation funding for established school-linked and community-based centers that provide comprehensive services for adolescents; and
3. Reduce barriers to the delivery of comprehensive services in adolescent-specific centers.

Other examples of policy statements or letters of support from national organizations can be found in Table 1. A partial list of national professional organizations supporting SBHCs can be found in Table 2.

TABLE 1: Excerpts from Statements or Letters Supporting SBHCs

"The American College of Obstetricians and Gynecologist (ACOG) endorses the development of programs, including those located in schools, to provide reproductive health services in areas where such services are not available to adolescents and where they have the support and input of parents and communities. The College will work with other groups to make services more comprehensive."
—Approved by the ACOG Executive Board, January, 1987

"The American Health Foundation strongly favors comprehensive health services in school-based clinics across the country. We feel that health education, regular screening and preventive health services, and early treatment of disease represent important components in preparing America's youth for a better future."
—Letter of support from the American Health Foundation, July, 1992

"The American Jewish Congress has long supported school-based health care clinics to provide a full range of health services, including contraceptive information and devices to all high school students. We cannot reduce (adolescent morbidity) by denying facts that are difficult or uncomfortable for us to acknowledge: that the majority of high school students are sexually active; that many experiment with drugs; that young people often engage in high risk behavior because they consider themselves to be invulnerable."
—Excerpt from American Jewish Congress Resolution on New York City Schools' HIV/AIDS Education Program. Adopted December 17, 1990

"The American Psychiatric Association (APA) recognizes the valued place of the school-based health clinic in elementary, middle, intermediate and senior high schools. These clinics have been an important part of supporting better health for American children and adolescents for over two decades... APA urges that ways be found to increase the availability of psychiatric participation. At least 20 percent, and in some studies up to 60 percent of the adolescents seeking services have been found to have mental health problems needing treatment... To fully use the opportunity for preventive services available in these clinics, the child and adolescent psychiatrist should be a member of the team, alongside the other medical specialties and other mental health professionals."
—Excerpts from a policy statement approved by the American Psychiatric Association Board of Trustees, December 1990

TABLE 2: Partial List of National Organizations Supporting School-Based and School-Linked Health Centers

(Compiled January 1993)

American Association of Child and Adolescent Psychiatry
American Association of University Women
American College of Obstetricians and Gynecologists
American College of Physicians
American Health Foundation
American Jewish Congress
American Medical Association
American Nurses Association
American Public Health Association
Association for the Advancement of Health Education
Catholics for a Free Choice
Center for Population Options
National Alliance of Black School Educators
National Association of Counties
National Association of School Nurses
National Association of State Boards of Education
National Council of Churches of Christ in the USA
National Council of Jewish Women
National Education Association
School-Based Adolescent Health Care Program
U.S. Conference of Mayors

Assessing Community Needs

Clearly, the national picture shows that American youth face unprecedented threats to their health and well-being. The SBHC advocate must look beyond national statistics to the local environment.

School-based and school-linked services are most appropriate for communities that are medically underserved and that demonstrate high rates of adolescent morbidity and mortality. With that understood, the advocate can begin to document the need for such a center in his/her community. Documenting need serves two purposes: 1) it helps to clearly define the health care needs of the community, and 2) the information gleaned can be used to convince policymakers and community residents that adolescents have unmet health needs which a SBHC can address.

The Local Needs Assessment

A needs assessment is a study of youth's status within a community. To complete an assessment, research rates of poverty, morbidity and mortality and assess the quality and type of services available to teens in a given community. Obtain statistics on adolescent mental and physical health from local and state health departments, youth serving agencies, hospital records, school records,

local family planning clinics, local libraries and municipal or county departments of planning. The following is a list of relevant data:

- school drop-out rate
- daily school absenteeism rate
- teen pregnancy/birth rate
- rates of sexually transmitted diseases among adolescents
- rate of low-birth-weight babies born to teen mothers
- abortion rate among adolescents
- prevalence of substance use/abuse among adolescents and adults
- prevalence of child abuse and neglect
- prevalence of sexual abuse/incest
- number of AIDS cases among people ages 20-30 who could have contracted the virus while in their teens
- juvenile incarceration rate
- teen homicide rate
- teen suicide rate
- accidents and injury rate
- income level of the community
- number of children living with a single parent
- immunization status of children
- cases of malnutrition, anorexia, bulimia and obesity
- teen emergency room visits for routine or chronic care

If local statistics are hard to find, surveying parents, teachers, school nurses and young people can provide information on adolescent health. Interviews and surveys can help in estimating the number of teens who:

- are sexually active
- are alcohol or drugs users
- come from a dysfunctional home
- are teenage parents
- have experienced child sexual abuse
- have thoughts of suicide
- have chronic illnesses
- have been involved with juvenile crime
- live with one parent
- live with foster parents
- have been incarcerated
- have been left back a grade in school

Though access to all of these statistics may not be possible, it is important to accumulate enough data to document the level of adolescent morbidity in the community. Need can be demonstrated if: 1) local rates of morbidity and/or mortality have risen over the past few years (trend analysis) or 2) if local rates are higher than national or state averages.

Assessing Gaps in Services

Beyond analyzing morbidity and mortality statistics, advocates should assess the type and quality of health care services available to teens in the community. Document which services exist and which are missing. It is important to identify whether teens use existing services and if not, why not. Reviewing local social service and health care directories will help advocates analyze the local situation. Surveying parents, health care providers and teens may also provide useful information. Questions to ask include:

- What primary health care services exist in the community?
- Are these services private or public?
- What insurance do existing providers accept?
- Are mental health services available for teens?
- Is reproductive health care available?
- Are dental services available?
- What percentage of teens have private insurance?
- What percentage have or are eligible for Medicaid?
- What percentage are uninsured?
- What percentage have a family physician?
- How many teens used the emergency room the last time they needed health care?
- Is transportation to services available?
- What factors keep teens from accessing existing services?
- What services are not available?

The information gleaned from this analysis will help determine if a SBHC is an appropriate intervention for the community. Communities with high rates of morbidity and mortality, where existing services are fragmented and/or underutilized by teens may benefit from school-based or school-linked services. Communities with large numbers of uninsured teens, where public transportation is inadequate or where gaps in services exist are also prime locations for SBHCs. If the community is ripe for a health center, the information uncovered in the needs assessment will become very useful when advocating this position to policymakers and the public.

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23) Kirby, p.62.
24) Ibid. p.58.

CHAPTER TWO:
DEVELOPING AN ADVOCACY CAMPAIGN

Once it has been determined that a SBHC is appropriate for the community, it is time to plan an advocacy campaign. Advocacy is the art of influencing others to support an idea, principle or program. The SBHC advocate must convince both policymakers and the community that a SBHC is an appropriate and obtainable goal. It is helpful when planning an advocacy campaign to create an action plan. Define the problem, identify the goal and develop a plan or strategy to achieve that goal. Then determine which tactics or methods would be most useful to carry out the strategy.

Defining the Plan

The Problem: The needs assessment identifies the problem. For example, high rates of substance abuse, teen pregnancy or juvenile incarceration may have been uncovered in statistics or surveys. Existing health services for adolescents may be ineffective, underutilized, uncoordinated/fragmented or inaccessible.

The Goal: The goal of the project is to redress the problem uncovered in the needs assessment. In this case the goal is to improve access to health care for young people through the creation of a SBHC.

The Objective: The primary objective is to win support for the SBHC from policymakers who have the power to authorize the center. To do this, the advocate must demonstrate that the project has the support of the community. Thus, a secondary objective is to build solid support within the community.

The Strategy: The strategy is the plan used to meet the objective. In this instance the strategy should aim to secure approval for a SBHC by educating and lobbying the public, school personnel and policymakers. Start by developing a small working group to help plan the strategy.

The Tactics: Tactics are the methods used to carry out the strategy. They may include forming a community coalition, using the media, lobbying policymakers, holding public forums, conducting letter writing campaigns, petition drives, etc. The following section is designed to help the SBHC advocate develop an effective strategy and select appropriate tactics.

Developing a Strategy

Begin by organizing a working group of four to six individuals who can analyze community health needs, assess local awareness of these needs and determine the level and source of community support or opposition for school-based health

services. This core group should be committed to the concept of a SBHC and have time, motivation, skills and energy to devote to the process. Successful advocacy is often dependent on a few hardworking individuals with a vision.

There is no one strategy for all communities. Develop a strategy to fit the local situation. Start by reviewing:

- resources available to the group
- level of community awareness concerning teen health
- support or opposition to the concept of a SBHC
- perceived or real barriers to the creation of a SBHC

Careful analysis of the local climate helps establish a strategy that builds grassroots support while simultaneously fostering local and state policies that encourage SBHCs. Both are equally important. The support of the school principal, the superintendent, the faculty, the students, the PTA and the community at large can help gain the approval needed from the school board and the director of the agency willing to sponsor the SBHC. In some areas, approval from the city/county council, mayor, governor or state legislature may also be required.

Any strategy should include identifying state or local politicians that support school-based services. A supportive state legislator, county or city councilperson or local school board member is a powerful ally. He/she may be able to reallocate resources, influence other policymakers, introduce helpful legislation or mandate the development of a SBHC planning committee.

Some communities recognize that the support of the school principal and the identification of a sponsor agency are two of the most important elements in moving the advocacy campaign forward. These communities often focus on gaining approval from the two vital entities early in the process.

Ultimately the success of any strategy will depend on how well the targeted community, school personnel and local policymakers understand that:

- there are unaddressed adolescent health needs in the community;
- a SBHC can have an impact upon that need;
- other communities have successfully implemented these centers;
- the centers can deliver cost-effective services;
- the centers do not usurp the rights of parents;
- students will not be ready to learn if they have unmet health needs and
- resources exist (and/or should be reallocated) to implement these centers.

Building a Community Coalition

A community coalition of organizations and individuals advocates for the SBHC. Its sub-committees expand community support, conduct a media campaign and lobby politicians. A strong coalition develops a broad base of support within the community for establishing a SBHC.

To form a coalition, many working groups begin by holding a meeting of community members who could help the advocacy campaign. It is important to target a broad selection of groups and individuals who are affected by, or can contribute to, the success of a SBHC. Represent the ethnic, professional and cultural make-up of the community. Include students, parents, clergy, the school nurse, community mental health providers, public health officials, public relations representatives from local hospitals and personnel from other youth serving agencies.

Invite some members because they are committed and will work hard; invite others because they are influential. Think about agencies to include that may supply medical back-up, mental health workers, billing services, medical malpractice insurance, etc. These services will be helpful as the group moves towards implementation of the health center.

Prepare thoroughly for the meeting. Develop a package of materials to entice those chosen to attend. The package should include an invitation, a concise description of the purpose of the meeting, a fact sheet outlining the community needs assessment and a meeting agenda. Hold the meeting at a time and location that is convenient. Ask those invited to confirm their attendance.

The purpose of the first meeting is to: 1) educate the group about the health needs of local adolescents; 2) introduce the concept of the SBHC and 3) develop a community coalition to advocate for the creation of a SBHC. Coalitions can be formal or informal — either can be effective, but formalizing the coalition with a membership list clearly demonstrates a high level of commitment to the goal. Some individuals may choose to become members of the coalition but will not have time to work on the campaign; others may agree to actively participate. Try to obtain a letter of support and a written promise of help from all who attend the initial meeting.

Some of the groups and individuals invited may not attend. Call those that did not and ask to meet with each in person. Provide a short fact sheet on the health needs of adolescents in the community and the goal of the coalition. Ask to include the individual or group on the membership list. The objective is to demonstrate broad-based support for the project by signing on as many individuals and agencies as possible.

Once the community coalition is formed, active members begin advocating for the SBHC. Members operate as ambassadors: educating neighbors, clients, bosses, colleagues and friends about the needs of youth in the community. The group can lobby politicians, educate the public and promote the center through the media.

Maintaining a community coalition takes planning and hard work. The results, however, are usually worth the effort.

The following are some guidelines for maintaining an effective coalition adapted from *Condom Availability in the Schools: A Guide for Programs* (CPO, 1993).

Develop a statement of purpose. It is important for the group to develop a statement of purpose, goals and objectives. For SBHC advocacy groups an appropriate purpose might be improving adolescent health and well-being. The goal is more specific, achievable and measurable: for example, the implementation of a SBHC at Community High School by September 1995. The objectives, or steps to achieve the goal, should be clarified. For the goal above, the immediate objective could be to gain approval for creating a SBHC from the community, the school board and a sponsoring agency by September 1994.

Establish structure and leadership roles. Choose a chairperson, vice chair and secretary of the coalition. Develop a steering committee that includes members of the original working group. Sub-committees could also be formed and may include a media or public relations sub-committee, a membership sub-committee, a resources sub-committee, a school integration sub-committee, a speakers or education sub-committee and a lobbying sub-committee. Represent each sub-committee on the steering committee and define a mission and specific tasks.

Appoint a media and a school board liaison. The media and school board liaisons should be members of the respective sub-committees. They may also be steering committee members, but it is not necessary. One individual should be identified for each role.

Decide how the group will make decisions. Most coalitions make decisions by consensus; the group agrees to take an action. It is not necessary, however, that the whole group agree on everything, but it is vital that no individual feels so strongly opposed to an action that he/she might publicly oppose the coalition's efforts. In the interest of time, the steering committee can make some decisions. Create a policy on what should be decided by the larger group and what by the steering committee. Decide what to use as an alternative mechanism when the group can not reach consensus.

Hold regular meetings. Hold meetings frequently enough to respond to current situations. Schedule them weekly, bi-monthly or monthly. Hold meetings at a time and location convenient for all — including for student members. Start and end on time. Consider whether meeting times should rotate between day and evening hours. Sub-committees may need to meet more frequently than the larger coalition.

Establish coalition identity and cohesion. Coalition identity and cohesion are useful for motivating members to work towards the goal. Members need to see how they fit into the organization Generate membership lists, letterhead stationary and/or a logo. Plan a trip to a nearby SBHC. Always celebrate success.

Track carefully the work the coalition accomplishes and get the information out. Success motivates. Coalition members are more likely to work if they

feel useful and successful. Print and circulate lists of presentations, letters of support and media articles.

Keep coalition members informed and up to date. Maintain an accurate mail/phone/fax list of members to keep them informed, interested and up-to-date. Send out minutes from meetings, updates, relevant articles and information on future events.

Begin to define which agency will sponsor the center. The coalition may include a number of agencies who would sponsor or contribute to the implementation of a SBHC. It is important to identify these resources early. Explore the advantages and drawbacks of each potential sponsor. Nurture interest in the project from each agency director. Work toward a collaborative effort.

Expand your base. Continue to recruit members for the coalition. The stronger and more diverse the membership, the more powerful the group becomes. Policymakers will want to know who is and who is not represented. Broad-based support can influence politicians to join the effort.

Targeting the Advocacy Campaign

To carry out the advocacy campaign, target those whose support is needed. The following section addresses various individuals and groups to target for education and lobbying.

The School System

If the coalition wishes to implement a school-based program, the school system is a major target of the advocacy campaign. If the proposed program is school-linked, the support of the school board, administration and faculty is still important, but less vital.

At the same time parents and community members are pressing schools to address teen pregnancy, drug and alcohol abuse, sexual molestation, HIV/AIDS and other social problems that contemporary communities face, schools are also grappling with constricting budgets and growing pressure to improve academic performance. It is important to take these factors into account when conducting outreach to school boards, principals and teachers. Frame discussions so that school staff and administrators view the creation of a SBHC as part of the solution to problems they face.

The principal of a school has jurisdiction over the daily administration of his/her building. He/she is responsible for making the school environment safe, providing quality education for students and keeping parents, faculty and the school board happy. If the principal is convinced that a SBHC will enhance the learning environment, reduce disruption in the classroom and address the emotional and physical needs of students, he/she may become a strong advocate for implementation. Without the support of the principal, a SBHC has little chance of surviving.

Ultimately, however, it is the school board that must approve the SBHC and it is the superintendent that will carry out their wishes. School board members are usually elected, although some may be appointed. Fear of political controversy may prevent school board members from supporting the creation of a SBHC or cause them to limit the services provided. Ultimately, school board members need to believe that the community supports the project. The following, adapted

from *Condom Availability in the Schools: A Guide for Programs*, (CPO, 1992), describes how school boards create policy. The board:

Recognizes the issue: The issue of a SBHC may be brought before the board by the community coalition, the superintendent or a board member. The board then clarifies its understanding of the issue and agrees to address it.

Gathers information: While board members may have initial opinions concerning the need for a SBHC, they will want the facts. They may ask the community coalition to provide facts from the needs assessment or the board may request that the superintendent or a special taskforce be appointed to investigate adolescent health needs.

Seeks legal opinions: School boards are usually concerned as to their legal liabilities if a SBHC is implemented. School counsel should be consulted or asked to write an opinion on federal, state and local legal issues raised by the provision of mental and physical health care on or near school grounds.

Seeks expert opinions: The board will want to hear from local authorities on adolescent health. They may call on the local health department or other community providers. Members of the community coalition may also offer expert testimony.

Seeks community opinion: The board may ask a taskforce, advisory council or the superintendent to ascertain the feelings of the community concerning the creation of a SBHC. It may solicit public hearings, meetings with parents groups, public opinion surveys and written testimony. A broad-based community coalition can be particularly persuasive at this stage.

Seeks recommendations from the superintendent, policy committee task forces, citizens groups, specialists, etc: The board may want to see specific recommendations or a plan for the delivery of health care on or near the school. It may ask the superintendent, a special taskforce or the community coalition to provide a proposal.

Discusses, debates and decides on the content of the SBHC program: The board may wish to discuss the proposal several times. These discussions are helpful as they build consensus and support for the program. The board will need to address policy questions such as who would be served by the SBHC, what type of parental consent would be required and which services will be available. At this stage reproductive health care may come under debate.

Holds a first reading: School boards usually hold hearings on issues such as school-based health care. Meeting dates are publicized. This is an opportunity for the coalition to show its strong support for the SBHC. Ask to be on the agenda, then attend the meetings, provide written testimony and send follow-up letters.

Holds a second reading: As a result of the first hearing or in response to the written testimony, the board will discuss the concept of a SBHC and propose changes or limitations to any earlier proposal. If changes are major, the board may schedule a second round of hearings on the proposal. If not, the board will vote. Formal amendments are often offered and voted on at this time.

At many intervals in the process, the community coalition has the opportunity to demonstrate support for the SBHC and to influence the school board members. Table 3 provides some tips.

TABLE 3: Tips for Working With School Boards

- Do your homework. Know the status of teen health in your area, know which school and community policies and programs are in place that address teen health. Learn school politics. Enlist the school nurse to help sort out school policies and procedures.
- Support from the principal is vital! Try to discern whether he/she supports the cause. If so, enlist the principal's help to approach the superintendent and the school board. If the principal is not supportive — lobby! (See Chapter 3 for tips on lobbying.)
- Find out how the proposal for a SBHC fits with school plans. Seek advice on how best to approach school board members. Ascertain who introduces issues and who makes policy recommendations to the board.
- Cautiously approach school board members and the superintendent. In most areas, it is the superintendent and the school board who will approve or deny the creation of a SBHC. Use parent surveys and student polls to demonstrate support for the proposal. (See Chapter 3 for a discussion of how to use public opinion polls.)
- Find out who is influential on the board and enlist their support.
- Meet with those sympathetic and explain the coalition's concerns. Seek advice on how to proceed.
- Identify who on the board opposes the SBHC. Try to find out why. Strategize ways to minimize the opposition.
- Make contacts with the presidents of the PTA, the teachers unions and the student association.
- Offer to speak at forums and meetings.
- Offer to accompany school board members to community meetings relating to the issue.
- Demonstrate parent and student support.

County or City Government

Another group to lobby is the government of the city or county where the school resides. Each coalition should examine the structure of the governing body in their area. If the school is represented by just one councilperson, lobby for his/her support. If the school lies within the jurisdiction of more than one councilperson, the whole body should be courted. Try to identify "adolescent friendly" members who can support the campaign.

County or city governments are also responsible for the administration of the local health department= a particularly important agency to nurture. The local health department is responsible for documenting and addressing many of the health needs the coalition wishes to ameliorate. Coordinating coalition efforts with those of the health department can create a strong lobbying position. The health department also represents a possible sponsor for the SBHC; nurture a collaborative relationship from the beginning.

Other Potential Sponsors

It is important to seek other potential sponsors or contributing agencies that can guarantee resources which may make it easier to gain approval for a SBHC. Donations of space, staff time, equipment, etc. will help policymakers perceive the SBHC as cost effective. Besides health departments, other potential sponsors and contributors include community clinics, hospitals, mental health agencies, federally qualified health centers, family planning clinics, etc. Ultimately, the group will need to identify one agency to sponsor or lead the SBHC. Collaborative agreements between other agencies are also important. (See the *Guide to Potential Sources of Federal Funding for School-Based and School-Linked Health Centers*, CPO, 1993.)

State Government

Community coalitions will want to investigate the state agenda regarding SBHCs. Some states foster SBHCs through legislation or policy that allocates money or resources. Others restrict the services SBHCs are permitted to offer. To investigate, contact a state legislator, the state health departments' adolescent health coordinator, the maternal/child health coordinator or the state school superintendent's office.

Nurturing state support for a SBHC may involve writing for a state grant or lobbying to remove restrictions on SBHCs. In either case, state legislators are eager to please their constituents. Identify the legislator elected by the community and lobby him/her for support.

State legislators can also be lobbied to create legislation that earmarks funds and reduces barriers to implementing SBHCs. A state initiative on SBHCs will aid those working at the community level to implement a center. For help in developing a state strategy contact the Support Center for School-Based and School-Linked Health Care/CPO or the State Department of Health and Human Services.

State health department officials can also be very helpful. State health departments use federal block grant money — particularly Maternal/Child Health dollars — to provide school-based or school-linked services. The community coalition may want to lobby the state health department for a portion of these funds. Health department staff may be able to provide technical assistance or refer advocates to successful programs elsewhere in the state. Officials may be willing to testify in local hearings and help identify additional sources of funds or in-kind support. (See *A Guide to Potential Sources of Federal Funding for School-based and School-linked Health Centers*, CPO, 1993)

Strategies for working with federal, state and local government officials are not complex. Coalition members should investigate policymakers' past statements and votes on adolescent health issues. Table 4 includes tips for lobbying government officials. (See Chapter 3 for further discussion of lobbying techniques).

TABLE 4: Tips for Lobbying State and Local Officials

- Identify policymakers who can help the coalition identify support, funding, staffing, equipment, etc.
- Investigate policymakers' views on SBHCs, their related political concerns and affiliations.
- Identify who is sympathetic. Take advantage of their support.
- Become familiar with the strengths and weaknesses of the opposition's arguments.
- Show strong coalition and community support through letters, visits, telephone calls, editorials, etc.
- Be accurate and truthful with all information.
- When approaching a legislator be concise, clear, direct and assertive.
- Keep policymakers aware of public meetings and events.
- Solicit advice and opinions from policymakers.
- Keep in contact.
- Thank people who assist.
- Publicly acknowledge support.

The Community

Support from parents, church groups, teenagers, community health and social service agencies, etc. is vital if a SBHC is to be approved. Some of these groups are already members of the community coalition. Others will need convincing. Policymakers must see that more people support than oppose the SBHC. Target the community for education and advocacy. Prepare and deliver presentations, develop a media campaign, conduct public opinion polls.

In short, the working group garners support for school-based or school-linked services. The strategy may include building a community coalition, lobbying policymakers and identifying resources to operate the health center. Ultimately, policymakers with power to authorize the health center must believe in its benefits. Wide community support for school-based or school-linked services can help sway officials towards authorization.

CHAPTER THREE:
TOOLS OF ADVOCACY

This chapter explores vital techniques for working with the media and lobbying policymakers. Some groups use the media to educate the community about adolescent health. Most coalitions make presentations to community groups and lobby local and state policymakers.

Using the Media to Educate the Community

Media attention is one of the most effective, powerful tools for educating a community and winning public debate. Coalitions that use the media successfully can gain support from local policymakers and community members.

Community coalitions should appoint a media or public relations sub-committee to develop a media campaign. A local public relations group may be willing to donate expertise. Other experts in media relations can also help plan a campaign. Use the media to: 1) raise concern about adolescent health, 2) familiarize the community with the concept of school-based or school-linked health care and 3) begin dialogue on school-based health care for the community. Effective communication with the media must be creative, articulate, concise and interesting or it may not be judged newsworthy.

Steps to Follow for Media Advocacy

Choose a media liaison from the public relations sub-committee of the community coalition. His/her job is to establish media relationships, coordinate media activities and respond to media inquiries. Choosing one liaison reduces confusion and insures that the message presented is consistent.

Table 5 includes some guidelines adapted from "Media Advocacy and the Selling of School-Based Clinics" (Howard Klink, Public Affairs Director, Multnomah County Department of Human Services, Portland, Oregon). These guidelines are designed to help advocates work effectively with the media.

TABLE 5: Tips for Media Liaisons

- Compile a press list of radio, television and newspaper editors and reporters. Include telephone and fax numbers. It will be easier to do this if a media or public relations professional sits on the community coalition.
- Identify potential editorial support and initiate a regular flow of information to the appropriate person(s).
- Identify television and radio stations involved in public affairs programming. Keep in regular contact with producers concerning teen health and education.
- Send out a press kit that explains rates of teen morbidity and the mission and goals of the coalition. Include statements from experts and community or public figures who support the cause.
- Provide relevant news clippings, coalition literature, news advisories, releases and statements from the coalition or the media spokesperson. (See Appendix V.)
- Know and meet media deadlines.
- Invite reporters sympathetic to the cause to assist in training the coalition's spokesperson.
- Research whether the media has covered SBHCs or related issues previously.
- Evaluate which target audiences different mediums reach. What are the most popular radio stations in town? Which newspaper is most widely read? Where will posters or flyers be most effectively placed? Ask media for public service announcement (PSA) space. Participate in local television, cable or radio talk-shows. If money allows place print or radio advertisements. Write guest editorials and letters to the editor.
- Anticipate events likely to generate news stories or editorials. Notify the media for coverage.
- Send out press releases, organize press conferences. (See Appendix V for tips on writing press releases and holding press conferences.)
- Keep records of all media events.
- Know who the spokesperson for the opposition is and what her/his arguments are. Be prepared to respond.
- Use public opinion surveys to underscore the coalition's messages. Provide the media with documentation of community support.
- Focus the media's attention on local, human interest stories. Provide leads for stories about teenage parents, youth living with drug- or alcohol-addicted guardians or children unable to obtain medical care. Be prepared to take advantage of national stories with a local spin.
- Celebrate successes publicly through effective use of media events and press conferences. Success is contagious. Good press helps to create a bandwagon effect — growing support pressures others to join.
- Evaluate press and media events. Make note of successes and assess how to improve in the future.
- Remember to be newsworthy. To attract the attention of the media a story should be about an emerging issue that affects a significant number of people. It also helps if the issue involves "important people", provides a human interest story and includes conflict or controversy.

Techniques for Communicating With The Media

There are various ways to communicate with the media when conducting an advocacy campaign. Below is a brief description of the most common:

News releases: A news release is a one- or two-page description of an event. Mail, deliver, or fax it to local media. Ideally it includes quotes from spokespeople, the date on which information can be released, the who, what, where, when, why and how of the event and a contact's name and telephone number.

Press conferences: Press conferences are used for issues too complicated for a news release. The press is invited to hear a brief statement from the coalition and then permitted to ask questions. Make certain that press conferences are scheduled for a time and location convenient for the media.

News advisories: Advisories announce an event and invite media coverage. The advisory should briefly describe the event, and explain when and where it will be held and who it involves. News advisories can be mailed, delivered or faxed to local media.

Public Service Announcements (PSAs): These 15- to 30-second, free advertisements can be sent via fax or letter to local newspapers and television and radio stations. PSAs should be interesting, clear and brief. Check submission deadlines and rules about the length and content of the message.

Letters to the editor: Write letters that are timely, short, accurate and to the point. Encourage other community or coalition members to write, as well. Monitor community support or opposition and respond to opponents' letters.

Call-in talk shows: Call-in to television or radio talk shows regularly. By so doing, the issue of adolescent health is kept on the public agenda. Be polite. Be brief and to the point. Speak clearly, simply, calmly. Mention how listeners are affected by the issue. Describe the composition of the coalition. Thank the host and other callers.

Advertisements: If money is available, the coalition may want to purchase print space or radio time.

Appendix V includes checklists for speaking engagements, press kits, press conferences, press briefings, print interviews and on-the-air interviews.

Lobbying for Political Support

Another advocacy technique is lobbying. While the word has a negative connotation, it simply means convincing those with power to support the goals of the coalition. Through lobbying, the coalition tries to convince policymakers of two things: 1) a SBHC can ameliorate health problems faced by adolescents and 2) the community supports implementation of such a health center.

Overall, there are three ways to communicate directly with policymakers: write, visit and call. Lobby school board members, the principal and the school superintendent. Local council people, local and state health officials and state legislators may also be targeted.

Common Lobbying Techniques

Below is a short description of the lobbying techniques used in most advocacy campaigns.

Letters: Letter-writing campaigns can very effectively influence policymakers to support an idea or project. Politicians count the number of letters they receive on any given issue and note whether voters support or oppose proposed action.

Include a return address in the text of the letter to assure the politician that the author is a constituent. Be polite, direct and state the reason for the letter. Be brief but offer some facts regarding teen health. Ask where the policymaker stands on adolescent health and school-based health care. In the last paragraph, ask the policymaker to take a specific action and thank him/her for their consideration.

It is important to ask others to write also. Persuade the community coalition to participate. After making a presentation to the PTA, faculty or a community group, ask the audience to write. Provide names, addresses and sample letters to help others formulate their messages. It helps to have writing paper, envelopes and stamps at every meeting or presentation. The more letters a policymaker receives, the greater the chance he/she will support the project.

Phone calls: Phone calls are also an effective way to lobby. Many local and state politicians have no staff people and rely on telephone answering machines. Coalition members can call a member's office, record their opinions on school-based health care and ask for support. It is not necessary to speak directly with the policymaker. Politicians count calls in favor and in opposition to various issues. When calling, state your name, address and the reason for the call. Make specific requests for support. Phone calls are particularly effective when the policymaker has to vote on an issue. The impact of the calls increases as the number of callers multiplies.

Personal visits: Face-to-face meetings are also very important in advocacy. Always make an appointment. Prepare what to say in advance. Strategize who should attend. Have facts and information conveniently laid out on paper. It is best to leave a few fact sheets behind. (Table 6 provides a few guidelines for face-to-face meetings with policymakers.)

TABLE 6: Tips for Meeting with Policymakers

- Do your homework. Does the policymaker have personal reasons to support your position (adolescent children or grandchildren for example)? Has she or he supported (or opposed) related issues in the past? Can you determine why?
- Introduce yourself and make clear your relation to the policymaker (i.e. live in the ward, come from same hometown).
- Introduce the topic.
- Introduce the coalition and mention some names of influential committee members; provide a membership list.
- Compliment or thank the politician for action he/she took in the past relating to adolescent health.
- Initiate discussion.
- Listen well. A large portion of successful lobbying requires listening.
- Look for clues or hints from the policymaker concerning what might sway him/her to support a SBHC.
- Be focused and persuasive and engage the policymaker in conversation.
- Make a specific request for action, information or advice.
- Do not be confrontational and do not stay too long.
- Offer the assistance and resources of the coalition on other issues relating to adolescent health.
- Take notes and be assertive.

If the policymaker expresses support for the coalition, ask him/her to take a specific action to support the creation of a SBHC. If the policymaker is hostile, do not become confrontational. Try to identify their underlying concerns and address them, but do not waste time. Leave written information or fact sheets behind. Send a thank you note to all policymakers with whom the coalition meets.

After speaking with a policymaker, coalition members should analyze the outcome of the meeting and identify ways to improve the next visit. Let other coalition members know how the meeting progressed. Organize lobbying visits by other people in the community. Invite policymakers to visit the coalition's meetings or other activities.

Holding Public Meetings

Some communities considering SBHCs have held public meetings to gauge local feelings about school-based health care. Meetings can also provide an opportunity to educate and build consensus.

Plan a public gathering that best serves the purpose of the coalition. If opposition to a SBHC is strong or vocal, a mediated forum may be a good way to diffuse tension. If the goal is to gauge the feeling of the community then a town meeting may be best. If the coalition wishes to educate the community about teen health and the effectiveness of SBHCs, then a panel discussion with a question and answer session may be appropriate.

Invite teachers, policymakers, the principal, the superintendent, parents, community leaders, students and the press. Hang posters, send invitations, use public service announcements and community bulletin boards to advertise the event. If a panel presentation is planned, schedule speakers well in advance. If the public meeting is to be a mediated forum, set up ground rules for participation and use an impartial moderator. Keep the meetings non-argumentative but solicit a diversity of opinions to be heard.

Some communities have found it helpful to limit the discussion to local residents. Speakers must state their address and the number of children they have enrolled in local public schools. Opponents of SBHCs are often a small group of vocal individuals who do not live in the community or have children enrolled in the school. The conservative right has often mobilized people to attend public forums. It is important for policymakers to distinguish between constituents and outsiders.

If the coalition faces opposition during a pubic forum, it is important not to get too involved with arguments about religious morality. Often this is a waste of energy. It is better to assert the concerns of the coalition and ask opponents for suggestions to remedy these concerns. (See the following chapter for more tips on handling the opposition.)

Conducting Public Opinion Polls

Public forums represent one way to take the pulse of the community. Another is to conduct a public opinion poll. Many communities have found that 60 percent or more of those surveyed supported school-based health care.

Although the coalition should help determine what questions are asked, it is best to contract an outside agency or university to conduct and analyze a public opinion poll. If funds are scarce, investigate whether a local radio, television or newspaper would do it. An outside investigator assures policymakers that the results are objective.

Be sure to include students, parents, faculty and community health care providers in the poll. Always supply the media and policymakers with survey results.

The tools for advocacy are easy to employ. Media campaigns, public forums and public opinion polls help to develop and monitor community support. Lobbying government official and other policymakers helps educate and persuade them to support the coalition's goal of creating a SBHC.

CHAPTER FOUR:
DEALING WITH OPPONENTS

Controversy over cost, proper school roles, parental control, sexuality and reproductive health can create barriers for advocates of school-based programming. Experience shows that successful advocates closely involve community representatives, nurture community support and do not underestimate their opponents.

To deal with opposition, first determine whether it is real or perceived. Some advocates have geared up for a large battle and found few opponents. Others have assumed they had the community's support and been shut down or had their service limited before opening their doors.

Minimizing Controversy Over Reproductive Health Care

Typically, opponents of SBHCs include the religious right, conservative citizen groups and local affiliates of conservative national organizations. Their arguments usually focus around family planning and reproductive health. Many communities have restricted these services; others have not been able to open a health center at all. Typically opposition to SBHCs stems from a vocal minority who:

- believe schools are not the place to address sexuality;
- think young people with access to sexuality information and services will engage in promiscuous and premarital sexual intercourse;
- think schools would do an inadequate job of providing sexuality and family planning education and services; and
- think sexuality education and reproductive health care should remain the role of parents and churches.(1)

Because organized groups that oppose sexuality services usually do not have a single agenda and do not always reveal their religious views, it is important to determine whether individuals opposing the health center are representatives or members of a larger group. If they are representative of a larger group, make this public knowledge. Find out about the group: what it stands for, how it works, etc. Many times opposition comes from individuals who do not live, work or educate their children in community schools.

Opponents' tactics vary. Some extreme tactics include distortion and spreading misinformation. Harassment, interruption of meetings and intimidation are other techniques. It is more likely however, that opponents' tactics will be more subtle. They may represent the proposed program inaccurately, accuse sexuality services of undermining parents' roles and rights and purport that SBHCs increase sexual activity among adolescents.(2)

Strategize how best to minimize controversy regarding family planning. Educate the community. Stress the comprehensive nature of SBHCs: family planning is

only one of a wide range of school-based health care services. Address the opposition to family planning with statistics on teen pregnancy, sexually transmitted diseases and HIV. Demonstrate teens' limited access to health care. Use research studies describing the impact of school-based health centers with pregnancy prevention programs on the teen pregnancy rates in other communities. (See Box) Have supportive clergy from the community coalition address the issues publicly.

The community coalition's media sub-committee should respond to any attack on the program by writing editorials, sending letters to the editors and making calls to television and radio stations. Remember that the committee may wish **not** to respond directly to the opposition but to counteract negative stories with positive media and proactive campaigning.

Teen Pregnancy Prevention in Baltimore

In a 1986 study of two SBHCs in urban Baltimore, Laurie Zabin, et. al. demonstrated a 30 percent reduction in teenage pregnancy within three years of implementing a multi-modal teen pregnancy prevention program through a school-linked health center. Comparison schools showed a 58 percent increase in teenage pregnancy during the same three years. The study further found that the program increased the use of contraceptives among sexually active teens. Finally, the authors demonstrate that younger adolescents in the study schools showed a seven-month delay in sexual initiation.(3)

Community coalitions should strategize ways to include the most comprehensive services possible without jeopardizing approval of the SBHC. Some advocates suggest surveying parents to demonstrate support for the inclusion of family planning. Other communities, fearing real or perceived controversy have implemented parental consent for reproductive health care. Still others have limited their services to counseling and referral. Some communities do provide contraceptive prescriptions or make contraceptive available for teens. Many of these centers have had success addressing the needs of those adolescents engaging in sexual intercourse.

Whenever controversy exists, listen and promote dialogue. Allow people to express and to hear different opinions. You may also:

- Identify areas where the coalition and the opposition agree (i.e. there is a teen health problem, a high pregnancy rate, etc.).
- Raise concerns about adolescent suicide, violence, pregnancy and sexually transmitted diseases. Ask for viable solutions from the opposition.
- Create a list of minimum services the coalition would like included in a SBHC.
- Try to find common ground.

Identifying Other Potential Opponents

Physicians and school nurses are also divided in their attitudes toward SBHCs. Some school nurses fear that SBHCs will make their jobs obsolete. To neutralize the potential discord, treat the nurse with respect, nurture her support and ask her to help plan the health center. Assure her that her skills are necessary and help her to define how her talents may best be put to use in the advocacy and implementation process. School nurses can help document need, negotiate administrative red tape, educate faculty and advise the coalition about school politics. In short, the school nurse can be the coalition's greatest ally. Some physicians fear SBHCs will hurt their practices economically or compromise continuity of care. Still others argue that SBHCs duplicate existing services. Despite these concerns, many individual physicians, as well as many national professional medical associations, support school-based health services. The Society for Adolescent Medicine and the American Medical Association are two such groups. (See Chapter One, Table 2.)

In reality, SBHCs should pose no threat to private practice physicians. There is evidence that adolescents are reluctant to consult private physicians on issues of sexuality, substance abuse or emotional upset. Teens often avoid seeking care if their confidentiality is not guaranteed. Moreover, SBHCs exist primarily in areas that are medically underserved and that have large pockets of uninsured adolescents. Assure physicians that SBHCs provide care for many teens who do not have family physicians and that the SBHC will make every attempt to coordinate services with the family doctor, when one exists.

In summation, the responsibility of the community coalition and the working group is to minimize controversy by nurturing community support. Community education, lobbying and media outreach can interactively reduce opposition.

ENDNOTES

1) de Mauro, Diane and Haffner, Debra. Winning the Battle: Developing Support for Sexuality and HIV/AIDS Education. Sex Information and Education Council of the U.S. New York. 1991. p.17
2) Ibid. p.20
3) Zabin, Laurie, et. al.. "Evaluation of a Pregnancy Prevention Program For Urban Teenagers,"Family Planning Perspectives. Vol.18. No.3. May/June 1986. pp.119-126

APPENDIX I: PERCENTAGES OF SBHCS AND SLHCS PROVIDING VARIOUS MEDICAL AND COUNSELING SERVICES

A. Medical Services

Service	SBHC (N=222)	SLHC(N=15)
General primary care	91	87
Routine or sports physical	91	87
Laboratory	87	93
Diagnosis/treatment of minor injuries	92	93
Chronic illness management	78b	60
Pregnancy tests	69a	87
Prenatal care on-site	24b	33
Gynecological exams	56a	80
Diagnosis/treatment of STDs	57a	87
HIV testing	14c	33
Pediatric care of infants of adolescents	19a	33
Immunizations	71	86
EPSDT screening	41d	67
Dental services	28	13
Medications prescribed	83a	87
Medications dispensed	69	71
Referral for prenatal care	79	87
Assessment/referrals to community health care	96e	93
Assessment/referral to private local physicians	92	93

aN=223, bN=221, cN=220, dN=218, eN=224, fN=14

From the Center for Population Options, *1991 Update*

B.Counseling Services

Service	SBHC (N=222)	(N=15)
Nutrition education	91a	93
Health education	96	100
Weight reduction programs	67b	67
Drug and substance abuse programs	58b	73
Sex education in the classroom	64	73
Parenting education	65b	73
Family counseling w/ student and family	76c	100
Mental health and psycho-social counseling	79	100
Sexuality counseling	76	87
HIV counseling	61b	67
Parenting/childcare classes	31c	27
AIDS education in center	64d	71
AIDS education in classroom	59c	47
Support groups	58c	53
Referrals for counseling	90c	100

aN=223, bN=221, cN=220, dN=219, eN=217

From Center for Population Options, *Update 1991*

APPENDIX II: NATIONAL SCHOOL BOARD ASSOCIATION ISSUE BRIEF NUMBER 11: CONTROVERSY AND PRESSURE GROUPS

Below is an issue brief developed by the National School Board Association. The brief was designed to help school board members address controversy over school health programs. SBHC advocates may reproduce and distribute the following to local school board members.

Controversy and Pressure Groups

One of the many strengths of a comprehensive school health program is that it treats the health risks facing our students in a holistic manner. A comprehensive program addresses issues that may stir controversy in our communities, such as a facts-based approach to sex and HIV/AIDS education and school-based health services. Managing controversy is one of the most difficult and critical aspects of implementing a truly effective program; however, a health program that does not honestly address controversial issues in an age- and culturally-appropriate manner is, at best, ineffectual in helping children make appropriate choices and avoiding risky behaviors.

Concerns about various components of your district's school health program can arise both from within your community and from organized groups based outside your district. While we as school representatives welcome, even thrive on, the diversity of our society -- whether political, religious, or cultural -- and welcome discussion from all, eventually someone has to make the final decision regarding the context and the content of your programs. When disagreements about what should be included arise, local citizens generally will be more responsive to negotiation and problem-solving within the confines of the school setting. Statewide or national organizations tend to have an agenda which transcends district interests and, so, are less likely to be open to negotiation. Remember, the best defense to challenges is a good offense. It is important to have the appropriate policies in place prior to controversy. Good policy on curriculum selection and instructional materials development will help you outline a strategy for dealing with challenges to board decisions. Make sure you have considered the following:

- An up-to-date policy on selection of curriculum and materials, and program planning. Make sure your policy is well-defined and accessible to the public.
- Having a citizens' advisory committee to aid this process will build a coalition of advocates for curriculum. If you choose to convene a committee, make sure it has a wide range of representation and includes professional curriculum experts and persons knowledgeable in health topics.
- Providing a period for written public comment on the proposed curriculum and program plan can alert you to the attitudes of special interest groups in the community and may give you advance warning of organized opposition to your program components.
- Having the materials available for public viewing at the school district office, the public library, or some other equally accessible place will serve a two-fold purpose: giving those truly interested a chance to be involved in the process, and providing a response to later challenges that citizens were unaware of the contents of the curriculum or materials.

A policy regarding complaints and/or reconsideration of existing curricula, instructional materials or program procedures.

- This may be your most potent weapon against attacks on existing components. If you choose to create this policy, make sure it is very specific about the way challenges are to be brought. Many districts which have survived pressure group tactics have said that time was their most effective ally. An established process very often has the effect of dissipating a bandwagon mentality. Making opponents adhere to a strict code of behavior, as outlined in a policy, allows the board and the superintendent to keep control of volatile situations.
- If an unexpected challenge should arise at public board meetings, make sure everyone follows the procedural rules for that meeting. Do not allow people to speak our of turn, yell, exceed the time limit, or bring any type of voice enhancement devices (e.g. microphones or megaphones), and make sure both challengers and defenders get equal access to floor time.
- When first confronting these challenges it is important to listen and not become defensive. Assess the situation; find out more about the challenge, discuss the issue among the board after you have all the facts and, then, begin the process of resolving the controversy. If you appear unreasonable or dogmatic at the outset, you may galvanize resistance among community members who have not yet made up their minds.

Bear in mind that all groups have a constitutional right to be heard, and that there are times when material in the curriculum should be removed. Not all challenges are negative in nature. When your school board decisions are challenged by groups, the following recommendations from school board members who have been "through the mill" may be helpful:

- Be prepared by keeping abreast of which organizations are making challenges in your state. Periodic monitoring of newspaper editorial columns and metro pages may alert you to the presence of organizations moving into your ar a. Keep in touch with board members and superintendents of nearby districts. If you are the subject of a challenge, make sure neighboring districts know about it so that they can prepare themselves for similar disputes. Knowledge about organizations that make it their business to challenge school curricula and operations can be critical.
- Research the challenging organization's tactics carefully. Some use legal jargon to confuse and disrupt meetings, often incorrectly quoting from state or local guidelines as a basis for the challenge and sometimes using blatant misrepresentation of the facts.
- Don't allow a group to "divide and conquer" the board members. Remember you are a team and you have approved these programs as a team. Designate a representative from the board or the superintendent to field all questions on the subject under debate. If citizens attempt to contact other board members, agree that each of you will make no comment on the subject and will refer all questions to the designated spokesperson.
- Remember, when conflict arises, it affects everyone from the school board members and superintendent to the classroom teachers and

students. Keep your teachers, librarians, administrative staff and classroom volunteers informed about your support for these programs and your desire for everyone to continue "business as usual," or advise them of your reasons for changing positions.

- Community involvement and support are critical in defending against group challenges. Be prepared by knowing your strength and using them to your best advantage. Know and cultivate your allies.
- Opponents will come looking for you, so it's your job to go looking for community support before controversy arises. If you have included local citizens in the curriculum selection process, it is likely that your decision is in sync with the community. Therefore, pressure groups are subverting the process; it is, then, your responsibility to protect the interests of the larger community and it is their responsibility to help you.
- Ask the heads of community organizations for their support if challenges should arise.
- Establish a citizens' advisory committee to review new curriculum and programs and do not forget to include local media representatives on your committee. Newspaper, television, and radio personnel not only report on what is happening, they are also citizens who live, vote, and send their children to school in the community.

You will not be able to stop the challenges, nor should you want to do so. You do want to ensure that you have a strong curriculum selection, program planning and review policy that provides for appropriate response to legitimate concerns. These policies, along with community involvement in your schools and a school board committed to the process, can provide your best defense. Remember, you have chosen these program components with the best interests of your students and your community in mind and are making a good faith effort to protect those charged to you from making unhealthy and risky decisions. You have a right and responsibility to give them the most comprehensive program you can.

APPENDIX III: SAMPLE PARENT SURVEY

Dear Parent/Guardian:

We are examining an opportunity for opening a health center that will offer free services to students of Anytown High School. This is still in the discussion and planning stage. Before we go further, we need to know what you feel the health needs of your high school student are and what kinds of services you believe a health center should offer.

To receive any health center service, a student will need permission from his/her parents, but THIS SURVEY IS NOT A PERMISSION SLIP. This survey is a way for you to give us ideas regarding your child's health needs and the potential health center.

There is no need for you to sign your name on this survey, but it should be returned to your student's homeroom class.

1. What grade is your teenager in this year? _____

2. Are you: (circle one)

African American

White

Hispanic

Asian or Oriental

Native American

Other _____

3. Where does your teenager get her/his medical care? (circle one)

private doctor

medical clinic

emergency room

other _____

does not receive care

4. How many times in the last year has your teenager received medical care?

5. How do you usually pay for medical care for your teenager? (circle one)

private insurance

Medicaid

pre-paid health plan

pay lower fee

pay myself

6. How may times has your teenager been seen in an emergency room in the last year? _____

7. Where does your teenager get dental care? (circle one)

private dentist

dental clinic

doesn't get dental care

8. How does your teenager get to medical appointments? (circle one)

drives own car

rides with parent

rides with friend/relative

takes a bus

walks or rides bike

other _____

9. Were there any times when you felt that your teenager should have gone to see a doctor when s/he did not go?

yes _____ no _____

YES, why didn't s/he go? (circle one)

didn't want to miss school
didn't know where to go
didn't have money to pay
child refused to go
there was no transportation
clinic hours were not convenient
other _____

10. Do you think there should be a free health center for students at Anytown H.S.?

yes _____ no _____

Why?

11. Please check the services an Anytown H.S. health center should offer.

Medical Services

_____ treatment of minor illnesses
_____ treatment of minor injuries
_____ referrals for more serious illnesses or injuries
_____ routine physical examinations including sports physicals
_____ other physicals
_____ immunizations
_____ laboratory test and health screening
_____ screening and treatment of STDs
_____ treatment of skin problems
_____ tests for high blood pressure, diabetes, other chronic problems
_____ prescribed medications
_____ family planning methods
_____ pregnancy detection and referral for prenatal care
_____ dental care

Health Education/Counseling

____ nutrition education
____ health education
____ weight reduction programs
____ drug and alcohol abuse programs
____ family counseling
____ mental health and psycho-social counseling
____ sexuality counseling
____ pregnancy counseling
____ parenting education
____ job counseling

12. Are you willing to help plan a school-based health center at Anytown H.S.? yes ____ no ____
If YES, please provide your name, address and phone number

When would you be available to meet? (check one)

____ evening
____ daytime
____ any time

APPENDIX IV: COMMONLY ASKED QUESTIONS ABOUT SBHCS

What are the goals and objectives of a SBHC?
SBHCs work to make health care accessible for teenagers, increase knowledge of health care, improve decisions about health matters, reduce risk-taking behavior and help develop health-promoting behaviors.

What kinds of services do they offer?
SBHCs vary from community to community. Some of the services include athletic physical exams; general health assessment; lab and diagnostic screening's for STD's, sickle cell anemia, etc.; immunizations; hygiene; EPSDT; family planning counseling and services; prenatal and postpartum care; substance abuse programs; nutrition programs and family counseling.

Are there special issues around family planning?
Reducing the number of student pregnancies is often one of the most pressing needs of a school. Many programs include discussion of sexual activity as part of the first visit. If clients are sexually active, they are encouraged to think about abstinence, contraception and STD prevention. Center staff discuss the complexities, responsibilities and consequences of sexual behavior.

How do SBHCs handle abortion?
SBHCs do not perform abortions. They do adhere to medical ethics that support the provision of information to a woman on all of her medical and legal options.

Who sets up and runs the SBHC?
It depends on the services offered. Hospitals, communities, schools, health departments and private nonprofit organizations have been sponsors.

How are SBHCs staffed?
By nurse practitioners, social workers or counselors, medical assistants, part-time physicians, physician assistants, medical interns, health educators, nutritionists and counselors specializing in substance abuse. It depends on the size and funding of the center.

What population do SBHCs serve?
Mostly low-income or rural communities where access to care for adolescents is a problem. The need in these underserved regions is great and the needs of the students have not been met. Therefore, the centers do not compete with established medical providers.

How are parents involved?
Most clinics obtain written consent from a parent of each student before s/he can receive medical services from the clinic. Some sites allow for parents to pick which service the student can utilize and which s/he cannot. (Sample consent forms can be found in the implementation volume of this series.)

What are the relationships between SBHCs and the school?
Centers try very hard to become integrated into the schools. The staff try to get to know the administrators, teachers and counselors. If there is a school nurse, s/he often becomes part of the team.

Why do SBHCs work?
The clinic is extremely accessible. Students don't have to take a bus, drive to another part of town or have their parent's come pick them up. It is familiar. It

Visits are free, or have minimal cost, and are confidential. The staff is there specifically for adolescents and can offer referrals if needed.

Is there evidence that family planning programs decrease the number of unintended pregnancies?
SBHCs will not automatically reduce the number of pregnancies among students. However, centers that provide sex education, one-on-one counseling, group counseling, family planning information and services have in some cases not only reduced their pregnancy rate, but also delayed sexual initiation by younger students.

What is the evidence that SBHCs are successful?
First, the rapid growth of centers means they have been accepted by many communities. Second, statistics show high usage rates; often, 50-90 percent of the total student body is enrolled. Third, many centers find previously undetected health problems and provide a variety of care that the students may not otherwise receive.

What do SBHCs cost?
Costs vary greatly, depending on in-kind contributions, size of staff, space and number of services offered. The range is between $25,000 to $250,000 per center annually, roughly between $150-200 per student, per year.

How are SBHCs funded?
Through local funds, private funds, fee-for-service and public donations.

APPENDIX V: WORKING WITH THE MEDIA

A. Press Kits

Below is a list of items to include in press kits.

- Cover memo or press release with contact name and phone number
- Fact sheets
- History of the issue
- Quotes or comments by experts
- Press clippings
- State-by-state or city-by-city analyses
- Speeches or statements on the issue(s)
- Charts, visuals, or photographs
- Background biography on spokesperson
- Annual reports (if applicable)
- Typeset copies of speeches or public testimony
- Standard one-page description of your coalition

Date kit sent: _____

Number of reporters sent to: _____

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B. Press Conferences

The following are guidelines for planning a press conference.

One week before your conference:

- Pick A convenient date and time--Tuesday, Wednesday, or Thursday are best. Try not to schedule before 10:00 a.m. or after 2:00 p.m.
- Select and reserve a room (not too large as to look empty). Sites may include hotels, local press clubs, or public buildings near media offices.
- Make sure the following are available:
  - •Podium
  - •Electricity (for TV lights)
  - •Speaker system, if needed
  - •Table (for media sign up and materials)
  - •Microphone stand, on podium
  - •Backdrop, blue if possible
  - •Easels (if needed)
  - •Chairs, theater style
  - •Water for participants
- Send written announcements by mail or hand deliver to:

Editors	Weekly calendars
Assignment desks	Other supportive groups
Reporters	

- Prepare written materials including written statements and press kits.

The day before:
- Formalize the order of speakers and who will say what
- Call all prospective media and urge their attendance
- Collate materials, make extras for follow-up
- Walk through the site and review details
- Type names and titles of spokespeople for media handout

That morning:
- Make last minute calls to assignment desks and desk editors
- Double check the room early in the morning
- Walk through the press conference with principle speakers

During the press conference:
- Have a sign-in sheet for reporters names and addresses
- Give out press kits
- Hand out written list of participants
- Make opening introductions
- Arrange one-on-one interviews if requested

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C. Press Briefings

When planning a press briefing, the following steps are helpful.

Several days before your press briefing:
- Reserve a conference room or large office. Choose space with a large table.
- Call and personally invite 6-12 reporters. Invite double the number you expect to attend.
- Confirm your spokespeople and experts. Limit your groups to 2-3 people.
- Develop press lines and main themes. Meet in advance to review your presentations.

Walk through the session in advance:
- Check with receptionists and phone operators. Make sure they know your whereabouts during the press briefing.
- Check the front door. Make sure signs clearly state your location.

During your briefing session:
- Introduce reporters to your speakers and to each other.
- Offer beverages.
- Facilitate the meeting. Make sure everyone has a chance to speak.
- Keep a record of who attended and declined.
- Follow-up with reporters after the briefing. Make phone calls or send materials.

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D. Print Interviews

When participating in a print interview the following guidelines can help.

In advance of in-depth print interviews:

- Brief reporter on your organization's goals.
- Send reporter materials, kits, and bios.
- Do your homework on the reporter. Try to get previous articles written by the reporter or other stories his/her publication has printed on issues you plan to discuss.

Find out:

- Whether the reporter will interview your spokesperson by phone or in person.
- Whether the publication will take photos?
- If your group should supply photos?
- If others are being interviewed for the article? If so, who?
- Estimated length of time for interview
- When the article will run
- What section of the paper will run the story?

During face-to-face interviews:

- A press staff member (or volunteer) should sit in on the interview.
- Double check that the reporter received background materials.
- If the reporter is hostile, make an audio tape of the interview. Ask in advance, never tape without permission.

When reporters call for quotes:

- Make sure the reporter knows what information is for background/off-the-record or on-the-record/for quotes and the name and title of your spokesperson.

Call reporters with quotes:

- On breaking news call local papers
- Have a written statement to read as a reaction to an event from that day.

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E. On-air Interviews

To participate in a live television or radio interview, the following steps may be helpful.

In advance of the interview:

- **Watch and tape several shows.** Insist that your spokesperson watch at least one show. Watch for camera angles and color of background set. Think about ways your representative can maximize the interview. If the show is call-in or has an audience, alert your members and allies.
- **Send materials to the producer**. Call the day before and make sure the materials have arrived. Check to see if the person doing the interview read the materials. If not, hand deliver another kit to the station and try to meet personally with the host or producer.

- **Put the following in writing for your spokesperson**. Name and phone number of the station contact, name of host or reporter doing the interview, call letters, channel and network affiliation of the station, correct address and location of interview, time of expected arrival, time the segment will be taped/aired, names of other guests.
- **If the interview is done in your office or home**. The location you choose should be quiet. Make sure the background is appealing to a viewer's eye. Have someone in the room at all times to listen to the interview. Turn off phones and paging systems.
- **Last-minute tips for the spokesperson**. Encourage her/him to make friends with the host producer and technicians. Prior to the opening, ask if it is better to look directly into the camera or at the host. Wear a small pin or small logo that relates to your coalition or SBHC. Make sure the microphone rests in a comfortable place.

After the program

- Send a note of thanks to the producer and host. Have others in your organization do the same, as viewers. Add the producer and host to your press list.

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F. Sample survey for speaking assignments

The following survey will help you plan and organize speaking assignments.

Date of assignment: _____

Time: _____

Topic: _____

Purpose:_____

Audience (number, age, sex, education level, interests, attitudes):

Facility (type of room):_____

Length of program:_____

Length of presentation:_____

Format (panel, interview, call-in show, other):_____

Q&A: Interviewer_____

callers _____

audience_____

other_____

Other speakers and topics in order of appearance (include self):

1.

2.

3.

What arguments do they use in opposing or supporting your position?

1.

2.

3.

Support materials you will be using:

Will audiovisual equipment be provided by: Host _____ You _____

Travel directions:

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APPENDIX VI: QUESTIONS COMMONLY RAISED BY SBHC OPPONENTS

The following are some questions commonly raised by opponents of SBHCs, plus responses that have worked for some communities. Other issues may arise and each coalition should decide how best to react.

Isn't adolescent health care parents' responsibility?
It is, but in many communities medical services are limited and difficult to access. Parents often find it difficult to get their children needed health care. Barriers of cost, scheduling and transportation may keep parents from being able to provide the health care their children need. SBHCs work with parents to help their children obtain care.

Won't SBHCs undermine parents' authority?
SBHCs aim to provide comprehensive health services to teens; they do not seek to replace the family. If anything, SBHCs serve families by providing quality medical care to adolescent members.

Furthermore, parents are involved: before a student is allowed to use the center, he/she must produce a signed parental consent form. During the visit, center staff encourage teens to communicate with their parents and asks students to inform their parents of illnesses such as the flu, strep throat, etc.

With regard to family planning and treatment for sexually transmitted diseases, if a center provides those services, then the SBHC will follow the legal procedures practiced by any health center in the state. In the majority of the 50 states, young people are entitled by law to confidential services associated with family planning, prenatal care and the screening and treatment of sexually transmitted diseases. At SBHCs, staff members urge students to talk with their parents about sexual matters, but health centers respect the law and do not inform the parents directly about these matters. (Check into the laws in your state by calling the state health department.)

Doesn't the parental consent form confuse parents about the services actually provided?
Parental consent forms are straightforward. They describe the health center and list the services available. If parents have questions regarding the form or center services, they are invited to call or to visit the center for further information. And, in several locations, SBHC staff hold parent orientation meetings and information forums throughout the year.

Shouldn't schools focus on education and not try to provide medical care?
For over a century schools have had some type of involvement in health and health care: school nurses and other health professionals have taught health education and provided periodic health screening, immunizations and tests for tuberculosis. They have also provided referrals and offered drug and alcohol abuse programs. Now, in response to the nation's growing awareness of health, and particularly the health concerns of teenagers, schools are extending and improving their services.

SBHCs are a natural extension of traditional school health services and represent a collaboration between the school and health and social service agencies. Health center staff educate teens as well as treat them. SBHCs help students attain educational goals by detecting problems of vision or hearing. Moreover, SBHCs are able to intervene in conditions that interfere with academic performance such as substance abuse or sexual molestation.

The National PTA, the National School Boards Association, the American Medical Association and many other professional associations support the role of schools in

providing comprehensive health services. These groups recognize that students can not learn if they are not healthy.

Don't SBHCs disrupt school by taking students out of class?
SBHCs do not disrupt the educational process; rather, by keeping students healthy, saving them the time and inconvenience of traveling to distant physicians' offices and encouraging healthy behavior, centers keep students in class. Students with appointments at the health center do not normally leave class randomly or at a moment's notice, but during their free periods and study halls. They can also visit the center before and after school, as most center hours extend beyond the official school day.

Don't SBHCs create additional work for over-burdened school administrators?
Although health center staff cooperate with school officials and follow all school regulations, most centers are sponsored and administered by an outside agency. That agency is responsible for obtaining funding, hiring and directing staff, establishing medical protocols, obtaining medical liability insurance and handling other aspects of the center.

Don't SBHCs put school nurses out of business?
School nurses have several duties distinct from the center; duties related to school records and serving those students who are not enrolled in the SBHC program. Therefore, much of their day remains the same as it did before the center existed. Most school nurses and SBHCs work together to integrate the responsibilities of the nurse with those of the center. The school nurse should serve on the advisory board, help plan the center and counsel and refer students to the SBHC. Nurses usually welcome SBHCs because they are now able not only to detect and diagnose, but also to treat and resolve student health problems.

Do SBHCs require students to use their services?
SBHC enrollment is not mandatory. Students and their families choose whether or not to use the facility. In every school there are students who have access to other sources of care and students who choose not use the center for other reasons. Students have the right not to participate in the program and are never pressured to do so.

Don't SBHCs provide lower quality care than private physicians or community or hospital clinics?
SBHCs follow the same procedures and protocols as other clinics and medical facilities. SBHC physicians either serve students directly in the center or establish protocols and handle referrals. They also provide oversight, acting as the program's medical director. Every program differs and, as is the case with individual private physicians, styles vary. SBHCs attempt to offer more individualized and age-appropriate kinds of care than private physicians and community and hospital clinics are ordinarily able to give.

Aren't SBHCs expensive?
Health care is expensive all over America. SBHCs cost, on average, $150 to $250 per student served, per year. This is not inexpensive, but neither is the loss incurred by the community when young people become ill, miss school, perform poorly and drop out due to undetected and untreated illness. In addition, some health care costs may be offset in the long run by the reduction in emergency room visits, births to teens, infants born with low birth weight and HIV infections.

Aren't SBHCs wasting money by duplicating already existing services?
SBHCs open where a significant amount of unmet need is discovered--where existing services are insufficient or not effectively reaching teens. Therefore, SBHCs do not

duplicate existing services. Moreover, a good SBHC improves the effectiveness of existing services by linking with community agencies through referral and follow-up. By so doing, the SBHC helps to broaden the outreach and impact of their own, as well as of other community programs.

Won't the family planning component in the SBHC sanction promiscuity?
Data indicates that SBHCs do not promote or increase sexual activity. In fact, most teens who use SBHCs or other clinics for birth control services have already been sexually active for several months--typically as long as nine months. SBHCs provide counseling that encourages students to reflect on their decisions, recognize their right to say "no" and abstain, and consider discussing their situation with their parents. If young people are engaging in sexual intercourse then centers work to provide safe and effective contraception and STD prevention.

Aren't SBHCs really "sex centers"?
SBHCs are comprehensive health centers. They address the health needs of adolescents. Most of these needs are not related to sexual activity. Generally, 75 to 85 percent of SBHC visits are for reasons other than family planning, reasons such as chronic and episodic care. Still, teens have important questions and needs regarding their sexuality. They deserve access to services or consultation that address these issues.

Don't centers "push" contraceptives?
SBHCs do not "push" birth control. They counsel students, examine them and, if students decide to engage in or are already engaged in sexual intercourse, they educate them about birth control methods. Centers then either refer students to a family planning clinic, prescribe a birth control method or make contraceptives available. Staff members conduct follow-up to determine whether the student has any questions, has encountered any difficulties, is continuing to use the method or needs an additional check-up.

Do SBHCs promote and perform abortions?
No SBHC performs abortions. SBHC practitioners adhere to standards of medical ethics whereby pregnant patients are entitled to know about their medical options. Many centers refer pregnant students to other agencies for counseling.

Aren't SBHCs overrated? Can't you achieve the same results from other health programs?
SBHCs cannot solve all the problems that currently beset adolescents--nor can any program. There certainly remains a need for other types of programs to serve youth.

Nevertheless, SBHCs represent an exciting concept with many advantages: due to their convenient location in schools, their focus on adolescent health and their provision of comprehensive services, SBHCs effectively serve many teens. Health center staff develop positive and lasting relationships with teens, thus enabling them to provide high quality, consistent care, in addition to education, counseling and support.

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About the Author

Debra Hauser currently serves as Director of the Support Center for School-Based and School-Linked Health Care, a project of the Center for Population Options. In this capacity Ms. Hauser monitors national growth in the school-based and school-linked health center field, provides technical support, delivers regional trainings, develops resource materials and publishes a quarterly newsletter to aid proponents of school-based health care in advocating, designing, implementing and evaluating their services.

Prior to her tenure at CPO, Ms. Hauser served first as Health Educator and then as Director of Community Health Services and Health Education for the City of Atlantic City. In both capacities she devoted herself to advocating, designing and implementing innovative programming, including school-based services, to improve adolescent health in her community.